LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

Page 1 of 3 Page(s)
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10 FEB - AM 11: 03

STATE OF IDAHO

(Type or print clearly in black ink)

			at bottom of page									
Lobbyist	t's name and p	ermanent busine	ss address		I	Date pr	epared		Period	covered		
Phil F	Reberger						2 1/1			✓ mon	h ending	
	•	EBERGER					2/5/1	0	(Mo	.) (Da	ay) (Yr.)	
	OX 1703				- 1		,		(MO	·	11-	
	E ID 8370)1							/	3	1 2010	
Item 1			le expenditures made or	incurred by I	Lobbyist	or by	Lobbyist's Emplo	yer on	behalf of Lobi	oyist's E	mployer.	
Car	tegory of Ex						buted by each emplo	oyer (Id	entify employe	rs, under		
	ed Personal Livi Pertaining to Lo	ng and Travel obbying Activity	* Total Amount for	Item 3, at bo	ottom of p	-						
	Not Have to b		All Employers	Employe	r No. 1	E	mployer No. 2	Emp	loyer No. 3	Em	ployer No. 4	
	inment nd Refreshn	nent	\$	\$	<u> </u>	. \$ _	_Ø_	\$	<u>Ø</u>	\$	<u>Ø_</u>	
Living	Accommod	ations				. _						
Advert	ising											
Travel										_		
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Other l	Expenses or	Services				1				1		
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		Total	\$0.00	\$	0.00	_[\$_	0.00	\$	0.00	\$	0.00	
•	When the num	her of employer	 s you are reporting for requ	 ires multiple I :	-3 forms to	he file	ed a total amount for	allemn	lovers should b	 - entered	on Page I	
Item			liture of more than fifty							- Cincipal	on ruge	
2	Date		Place	, , , , , , , , , , , , , , , , , , ,	Amou				tors & Public C	Officials in	Group	
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		l					j					
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	Continued on	attached page(s)		<u> </u>								
	INSTRUCTIONS						Employer(s) Name(s) and Address(es)				s)	
						ΔΠ	VANTAGE W	OBK	R COMPE	NSATI	ON	
Wh	o should fil	e this form: A	ny lobbyist registered t	under Section	No.	1 AD	Box 571918,	SIC	LIT 84157	INOATI	ON	
67-6	6617 Idaho	Code.			<u> </u>		——————————————————————————————————————	SLC,	01 04157			
	1. 11.			N 1 6.1		. AF	REVA NC, INC	:				
		ties of the pas	ports due within ten (10 t month)) days of the	No.		00 Hampden		1100 Bet	hesda	MD 20814	
11101	MILIO GUIV	nies or the pas	i monun		\vdash		- I ampaon					
TO	BE FILED		V		No.	3 AS	SOCIATED 6	SENER	RAL CONT	RACT	ORS	
			Sen Ysursa retary of State			16	49 W. Shorelii	ne Dr.	Boise, ID	83702		
		PO	Box 83720			. D	DOAL DENTA				——————————————————————————————————————	
	DŁ.		ID 83720-0080	าดา	No.	No.4 DORAL DENTAL USA LLC						
	Phone: (208) 334-2852 Fax: (208) 334-2282						12121 N. Corporate Wv. Meguon. WI 53092					

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

Page 2 of 3 Page(s)
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		(Type or print cl See instructions										
Lobbyis	t's name and	permanent busine		Pugo			Date	prepared		Period	covered	
Phil Reberger										✓ month ending		
SULLIVAN & REBERGER							l	215/2	010) _{(Mo}) (Day)	(V=)
PO BOX 1703								7/5/		i	.) (Day) 	(Yr.)
	E ID 8370	01		_						/	<u> </u>	1201
Item 1	Totals	s of all reportab	le expenditu	res made or	incurred by	y Lobbyis	t or t	y Lobbyist's Emplo	oyer on l	behalf of Lob	yist's Emp	loyer.
Reimburs	tegory of Exect Personal Living Pertaining to Lo		1	mount for	Proportional Item 3, at			tributed by each empl .)	oyer (Id e	entify employe	rs, under	
	Not Have to b		All Em	pioyers	Employ	er No. 5		Employer No b	Emp	loyer No 7	Emplo	yer No. 🛭
	inment nd Refreshm	nent	\$_4	<u></u>	\$	P	_ \$	\emptyset	\$	Ø	s_0	
Living	Accommoda	ations					_ .	·				
Advert	ising						_ .					
Travel							_ .		-			
Teleph	one				ļ		_ .					
Other I	Expenses or	Services					_ .					
		Total	\$	0.00	\$	0.00	<u> </u> \$	0.00	\$	0.00	\$	0.00
**	When the num	ber of employers	you are repor	ting for requi	 ires multiple	L-3 forms	l to be :	filed a total amount fo	l rallempl	oyers should be	 entered on l	Page 1.
Item		of each expend			dollars (\$50) for a leg	gislate	or or other holder of				
2	Date		Place			Amo	ınt	Names o	f Legisla	tors & Public C	fficials in Gr	oup
					1							
								1				
					1							
	Continued on	attached page(s)			I			I				
			RUCTION				Item 3	Em	ployer(s)	Name(s) and A	ddress(es)	
						— [LEAR SPRING	S EO			
	o should file 6617 Idaho (e this form: A Code.	ny lobbyist i	registered u	inder Sectio		,	O Box 712, But				
		: Monthly rep		thin ten (10) days of th	ne G	2.	ORRECTIONA 2647 Olive Blvd				
TO	BE FILED V	with.						IOSDITAL COD		TION of A	MEDICA	
.0	DL HUUD	В	en Ysursa etary of Stat	e			7. HOSPITAL CORPORATION of AMERICA One Park Plaza, Nashville, TN 37203					
		PO	Box 83720 ID 83720-0			بر	→ IDAHO SCHOOL BOARDS ASS'N					
	Pho	ne: (208) 334-2			282	7	グ PO Box 9797. Boise. ID 83707-9797					

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 3 of 3 Page(s)
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			learly in black ink) at bottom of page									
Lobbyis	t's name and p	permanent busine			I	ate p	repared		Pe	riod covered		
PHIL	ER		- 1		. 1		1	✓ mon	th ending			
SULLIVAN & REBERGER						2/5/2010 (Mo.) (Day) (Yr.)						
PO BOX 1703						/ / J /						
_	E ID 8370)1				_					1 2010	
Item 1	Totals	of all reportab	le expenditures made or	incurred by	Lobbyist o	or by	Lobbyist's Emplo	yer on	behalf of L	.obbyist's E	mployer.	
Reimburs	tegory of Ex ed Personal Livi	ng and Travel	* Total Amount for	Proportionat Item 3, at b			buted by each emplo	oyer (Ide	entify emp	loyers, under	r	
	Pertaining to Lo	obbying Activity e Reported	All Employers	Employe	r No 9	Е	mployer No. / 🕻	Emp	loyer No.	// Em	ployer No. /3	
	inment nd Refreshm	nent	s	\$	Ø	\$_	Ø	\$	Ø	_ \$	<u>Ø</u>	
Living	Accommoda	ations			<u></u> _	_				_		
Advert	ising									_		
Travel						_				_ _		
Teleph	one					l _				_ _		
Other l	Expenses or	Services				_				_ _		
		Total	\$0.00	\$ <u></u>	0.00	\$_	0.00	\$	0.0	0 \$ _	0.00	
*			s you are reporting for requ							ld be entered	on Page 1.	
Item		of each expend	iture of more than fifty	dollars (\$50)						- Occ :-1-:	0	
2	Date		Place		Amoun		Names of	Legisia	tors & Publ	ic Officials in	Group	
	Continued on	attached page(s)										
		INST	RUCTIONS			em 3	Em	ployer(s) Name(s) a	ınd Address(e	s)	
	o should file 6617 Idaho (e this form: A	ny lobbyist registered t	ınder Section	9.		omas Medstat 7 E. Eisenhow		n Arbor,	, MI _4810	08	
		: Monthly re ties of the pas	ports due within ten (16 t month.)) days of the	ĮQ		RS (fka Washir 45 Crystal Driv				VA 22202	
TO BE FILED WITH: Ben Ysursa						//: INTERMOUNTAIN GAS COMPANY PO Box 7608, Boise, ID 83707						
		Secr	etary of State		ļ	70	BOX /608, BO	oise, I	U 83/0			
	Pho	Boise,) Box 83720 ID 83720-0080 2852 Fax: (208) 334-2	2282	125		EDICAL TRAN Hawk Ridge I					

	Date	Amount		Name of Legislator Receiving	or Benefited
Stem 5 con tab	Date Subject matter of rather House Bill, Resulted Bill, Resulted Legislativ	Amount f proposed legislatesolution or others a supporting or or or others to be a supporting or or or others. Number	ion, the number of the Senate legislative activity in which opposing. Appropriation Bill Number and Section Number	Name of Legislator Receiving	Code Subject 17 Health service, medicine, drugs and controlled substances, heal insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, minimand mining products 27 Public lands, parks, recreation 28 Social insurance, unemploymer insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)
obbyis s	To Xi	dance with Section	Date		